Application or Docket Number

PAYENT APPLICATION FEE DETERMINATION RECOR													•		
Effective October 1, 2003															
CLAIMS AS FILED - PART I									SMALL	ENT	ΠΥ			THAN	•
TOTAL CLAIMS (Coh.mn 2)								١	TYPE	느	<u>.</u>	OR 7	SMALL	ENTITY	
<u> </u>		 		34							FEE	 	RATE	FEE	
F	OA .	<u> </u>	NUMBER	NUMBER EXTRA				BASIC FE	= 3	85.00	OR	BASIC FEE	770.00		
T	OTAL CHARGE	BLE CLAIMS	* 44 mi	• 121			XS 9=		126	OR	X\$18=				
N	DEPENDENT C	LAMS	6 m	[3			•	X43=	7	94	loa	X86÷	-		
MULTIPLE DEPENDENT CLAIM PRESENT									+145=	Ť		OR	+290=		
- 1	* If the difference in column 1 is less than zero, enter "0" in column 2									+		OR			
	c		TOTAL	-		,	OTHER	THAN	,						
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										TITY	OR	SMALL		
2	314106	REMARKS AFTER		HIGH HUM PREVIO	BER		ESENT XTRA		RATE	11)	ONAL DDI-	ŀ	RATE	ADDI- TIONAL	•
AMENDAGENT	Total	· 40	Minus	AND	FOR ZZZ	-	6		X8 9-	T	FEE_	OR	X\$18=	FEE	·
	Independent	. 6	Minus		6	-	0		X43=	T		OR	X86-		
2	FIRST PRESE	NTATION OF MI							+145=	t					
	tees Paid									_		OR	+290-		
(96-66 (Column 1) (Column 2) (Column 3)									L		Он	ADDIT FEE		·
AMENDMENT B	1000	CLAMS		HIGH		COR	umm 3)	" 1		F A	ADDI- TIONAL FEE			ADDI-	,
		REMAINING AFTER AMENDMENT		PREVICE PAID	XUSLY		esent XTRA		PATE	TH			PATE	TIONAL	
	Total '	. 40	Minus	-4	0	•			X\$ 9-	T.		OR	X\$18-		
	independent	. 1	Minus		0	·				17	00	OЯ	944	第63	ţ
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .								+145=	Ë	-		+290=		ľ .
										17	00	OR			ind
											<u> </u>	RO	ADDIT. FEE		
	N 1 1	(Cotumn 1) CUMS		(Cotun			umn 3)	 'r			DOI+	1		ADDI-	
ENT C	3/38/02	REMAINING AFTER AMERICMENT		PREVIO PAID I	USLY		ESENT ITRA		RATE		NAL.		RATE	TIONAL	
AMENDME	Total	-40	Minus	- 4	()	-\		l	X\$ 9-	\setminus		OR	X\$18=		
		• 7	Minus	. ***	7			lt	X43-	۲		O R	X86=		
4	FIRST PRESE		 		t	+									
• 1	Il the entry in colu	an 1 is less than th	e stry in colu	ma 2, write	'V' in cal	· • • • • • • • • • • • • • • • • • • •	L	Į	+145=	Ļ		OR	1290-		,
" If the entry in column 1 is less than the stry in column 2, write "If in column 3. " If the "Highest Mumber Productly Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE "If the "Highest Number Productly Paid F of IN THIS SPACE is less than 3, enter "3."													 		
	The Wighest Must	ber Proviously Pel	for (Total or	Independe	ing) ye gire	high		r lou	nd in the ay	ibs b	date ba	: in cai	kena 1.	į.	
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